

# APG CLIENT SERVICES ESTATE PLANNING PERSONAL AND FINANCIAL QUESTIONNAIRE

**TO BE COMPLETED BY MARRIED INDIVIDUALS WITH MINOR CHILDREN**

(\*Note- If you and your spouse have different estate plans, you must each complete a separate worksheet.)

## PERSONAL INFORMATION

DATE: \_\_\_\_\_

1. Marital Status		
<input type="checkbox"/> Married <input type="checkbox"/> Separated or about to divorce		
2. Your Name (First, Middle, Last)	Soc. Sec. No. (Last 4)	Date of Birth
3. Spouse's Name (First, Middle, Last)	Soc. Sec. No. (Last 4)	Date of Birth
4. Child's Name(s)	Age(s)	T= This Marriage P= Previous Marriage
5. Home Address (Number, Street)	City	State      Zip
6. Home Phone	Your Work Phone	Spouse's Work Phone
7. Your Command/Employer	Your Rank/Grade	Your Occupation
8. Spouse's Command/Employer	Spouses Rank/Grade	Spouse's Occupation
<b>Fill in the appropriate answer</b>	<b>You</b>	<b>Your Spouse</b>
9. Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you have a will or trust now? **	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you expecting to receive property or money from gift/inheritance/lawsuit? If so, approximately how much?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. In which state do you vote?		
13. Which state issued your driver's license ?		
14. In which state is your car registered?		
15. In which state(s) do you own real estate?		
16. Do you pay state income tax? If yes to which state?		
17. In which state do you plan to retire/live permanently?		
18. Have you ever lived in a Community Property State? (AZ,CA,ID,LA,NV,NM,TX,WA,WI & PR)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Do you have a pre-nuptial or post-nuptial agreement?**	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Do you have a divorce decree affecting your pension or other property rights? **	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>** If "yes" to questions 10, 19 or 20, you must bring these documents to your appointment</b>		

## CHOOSING THE PEOPLE THAT WILL TAKE CARE OF THINGS AFTER YOU ARE GONE

**Personal Representative/Executor:** This person manages the probate and settlement of your estate. It may be your spouse, adult children, trusted friends, and/or a bank, trust company or other corporate fiduciary.

*If you would like to appoint your spouse as your primary personal representative, check here ☐ and skip to the 1<sup>st</sup> successor representative box below.<sup>1</sup>*

In Your Will	In Spouse's Will
Name:	Name:
Relationship:	Relationship:
State of Residency:	State of Residency:

**Successor Personal Representative:** Back-up Manager-Steps in after your first personal representative dies/resigns. Try to choose 2 successors now, rather than delay the settlement of your affairs because the court must do it later.

In Your Will - 1 <sup>st</sup> Successor	In Spouse's Will - 1 <sup>st</sup> Successor
Name:	Name:
Relationship:	Relationship:
State of Residency:	State of Residency:
In Your Will – 2 <sup>nd</sup> Successor	In Spouse's Will – 2 <sup>nd</sup> Successor
Name:	Name:
Relationship:	Relationship:
State of Residency:	State of Residency:

**Guardians for Minor Children.** This person will raise your children if you and your spouse *both* pass away. The guardian that cares for the child and with whom the child lives is called the guardian of the person, and does not have to be the same person that manages the child's money, or the guardian of the property. If you are divorced and your children live with your ex-spouse or you have children from a prior relationship, you may want to appoint a separate guardian for the child's property that they will receive from you. If applicable, please discuss this option with the attorney.

Primary Guardian	Contingent Guardian
Name:	Name:
Relationship	Relationship
Address:	Address:

<sup>1</sup> If your spouse's agent is the same, simply write "SAME" in his/her "Name" section.

## YOUR PLAN OF DISTRIBUTION

In the following section you will tell us how you want your property distributed upon your demise. You may list an alternate person to receive the bequest if the first choice dies before you.

**Specific Bequests** - Do you want to make specific gifts of cash, real estate, or personal property to specific people or charities in your will? (If not, all of your probate property will be distributed to the beneficiaries listed in your residuary estate.) **You** ☐ Yes ☐ No **Your Spouse** ☐ Yes ☐ No

Name of Person(s)	Description of Gift or Amount	Alternate Beneficiary
<i>Example: My Daughter Sally</i> <i>My Daughter Emily</i>	<i>Diamond wedding band</i> <i>Diamond tennis bracelet</i>	<i>My Daughter Emily</i> <i>My Daughter Sally</i>

**Disinheriting** – Is there anyone that you specifically do not want to receive anything from your estate?

**You** ☐ Yes ☐ No **Your Spouse** ☐ Yes ☐ No

Name of Person(s)	Relationship

### Distributing the Rest (Residuary Estate)

Do you want your spouse to get your entire estate when you die? **You** ☐ Yes ☐ No **Your Spouse** ☐ Yes ☐ No

If your spouse dies *before* you do, do you want all of your children to receive your entire estate when you die?

**You** ☐ Yes ☐ No **Your Spouse** ☐ Yes ☐ No

Do you want your children to receive equal shares? **You** ☐ Yes ☐ No **Your Spouse** ☐ Yes ☐ No

If one of your children dies before you, do you want their surviving children (if he/she has one at the time of their death) to receive their share of your estate? **You** ☐ Yes ☐ No **Your Spouse** ☐ Yes ☐ No

Your children's inheritance can be held in trust and managed for them until they are at any age you choose (21, 25, 30, etc.) and used for their maintenance, education, support and health until that time. This method waits until the children are mature enough to handle money. If you elect not to create a trust, then the assets will be turned over to the child at either the age of 21 (or an earlier age, in some states) in accordance with the Uniform Transfer to Minors Act.

Would you like the money managed until your children are older and more mature via trust? ☐ Yes ☐ No

If yes, at what age(s) would you like your children to receive the trust assets outright? ☐ 21 ☐ 25 ☐ 30

☐ Other (Specify) \_\_\_\_\_

If you desire a testamentary trust for your child(ren), whom would you like to manage the trust? This person should be someone with financial responsibility and experience, and it can be a professional, like a bank or trust company.

Primary Trustee	Contingent Trustee
Name:	Name:
Relationship	Relationship
Address:	Address:

If your children/grandchildren all predecease you, **or** you have a different distribution plan than spouse → children in equal shares → grandchildren (if alive), whom do you want to receive your estate? (\*Note – if you do not list an alternate beneficiary, your estate will pass “BY LAW” according to your state intestacy statute.)

### **You**

Name of Person(s)/Organization	Percentage	Alternate Beneficiary
<i>Example 1 : BY LAW</i>	<i>100%</i>	<i>-----</i>
<i>Example 2 : My Brother-In-Law Dave Smith</i>	<i>50%</i>	<i>My Sister Julie Jones</i>
<i>My Sister Julie Jones</i>	<i>50%</i>	<i>My Sister's Children In Equal Shares</i>

### **Your Spouse**

Name of Person(s)/Organization	Percentage	Alternate Beneficiary
<i>Example 1 : BY LAW</i>	<i>100%</i>	<i>-----</i>
<i>Example 2 : My Brother Dave Smith</i>	<i>50%</i>	<i>My Sister-In-Law Julie Jones</i>
<i>: My Sister-In-Law Julie Jones</i>	<i>50%</i>	<i>My Sister-In-Law's Children In Equal Shares</i>

## GENERAL POWER OF ATTORNEY

A General Power of Attorney appoints an agent to manage your money and property for you. It can be effective while you are still of sound mind and continues to be effective even if you become incapacitated (“durable”). It can also become effective only if you become physically or mentally incapacitated (“springing durable”). It can be indefinite, or it can terminate on a date or event of your choosing. You can revoke it at any time. Remember that your agent must be trustworthy, as this document gives your agent a great deal of power.

**Do you want a General Power of Attorney?**    **You**   ☐ Yes   ☐ No    **Your Spouse**   ☐ Yes   ☐ No

**Do you want it to be effective immediately or only upon your incapacity?**   **You**   ☐ Immediately   ☐ Incapacity  
**Your Spouse**   ☐ Immediately   ☐ Incapacity

*If you would like to appoint your spouse as your primary personal representative, check here ☐ and skip to the 1<sup>st</sup> successor representative box below.*

Your Primary Agent	Your Spouse's Primary Agent <sup>2</sup>
Name:	Name:
Relationship:	Relationship:
Address & Telephone:	Address & Telephone:

Your 1 <sup>st</sup> Successor	Your Spouse's 1 <sup>st</sup> Successor
Name:	Name:
Relationship:	Relationship:
Address:	Address:

Your 2 <sup>nd</sup> Successor	Your Spouse's 2 <sup>nd</sup> Successor
Name:	Name:
Relationship:	Relationship:
Address & Telephone:	Address & Telephone:

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<sup>2</sup> If your spouse's agent is the same, simply write “same” in his/her “Name” section.

## ADVANCE MEDICAL DIRECTIVE & HEALTH CARE POWER OF ATTORNEY

An advance medical directive states your wishes to your doctors and family members regarding the administration and/or withdrawal of life sustaining procedures if you cannot communicate your desires when you have a terminal condition, you are in a persistent vegetative state, or you have an end-state condition.

Do you want an advance medical directive?    **You**   ☐ Yes   ☐ No    **Your Spouse**   ☐ Yes   ☐ No

Do you want to have the administration of life sustaining treatment to be withheld/withdrawn in the event of one of three scenarios listed above?    **You**   ☐ Yes   ☐ No    **Your Spouse**   ☐ Yes   ☐ No

Do you want to donate your organs for transplantation?    **You**   ☐ Yes   ☐ No    **Your Spouse**   ☐ Yes   ☐ No

Do you want to authorize organ donation for medical, educational, or scientific purposes?    **You**   ☐ Yes   ☐ No  
**Your Spouse**   ☐ Yes   ☐ No

Do you have a strong desire to die at home rather than in a hospital?    **You**   ☐ Yes   ☐ No  
**Your Spouse**   ☐ Yes   ☐ No

Do you want to appoint an agent to make your health care decisions if you cannot do so yourself?    **You**   ☐ Yes   ☐ No  
**Your Spouse**   ☐ Yes   ☐ No

*If you would like to appoint your spouse as your primary health care agent, check here   ☐   and skip to the 1<sup>st</sup> successor representative box below.*

Your Primary Health Care Agent	Your Spouse's Primary Health Care Agent <sup>3</sup>
Name:	Name:
Relationship:	Relationship:
Address & Telephone:	Address & Telephone:

Your 1 <sup>st</sup> Successor	Your Spouse's 1 <sup>st</sup> Successor
Name:	Name:
Relationship:	Relationship:
Address:	Address:

Your 2 <sup>nd</sup> Successor	Your Spouse's 2 <sup>nd</sup> Successor
Name:	Name:
Relationship:	Relationship:
Address & Telephone:	Address & Telephone:

<sup>3</sup> If your spouse's health care agent is the same, simply write "same" in his/her "Name" line.

## YOUR PROPERTY, CALLED THE ASSET MIX, OR "WHAT DO WE HAVE IN THE POT?"

Many people don't realize that all of their property is part of the estate, and it is all taxable, even insurance. If you have enough property, over \$1,000,000, there may be federal and state estate taxes.

When we assist you in planning your estate, it is important that we know what kind of property you own, and exactly how you own it, or how it is titled. We know that it's important to you that your loved ones receive the share that you want them to have with the least amount of red tape and cost.

Each state has different rules as to how property passes and we can only help you and your family if you take the time to gather the necessary information. For example, if you are a resident of the State of Maryland, there are potential estate tax implications if your estate exceeds \$1,000,000.

The next section of the questionnaire asks you to inventory all of your property. Please complete it to the best of your ability. If you run out of spaces, please use an additional sheet. Failure to complete this section at all may result in you not being able to see the attorney, which will result in your appointment being declared a NO SHOW.

*If you don't have any of the assets listed just print "NONE" in the spaces and move on!*

### FINANCIAL INFORMATION

1. Do you own a home or any other real estate? Indicate which is your residence/homestead.

Description and Location	Titled	Purchase Price	Market Value	(-) Mortgage(=)	Equity
Total Net Value					

2. Do you own any other titled property such as a car, boat, etc.?

Description	Titled	Market Value	(-)Loan Amount(=)	Equity
Total Net Value				

3. Do you have any checking accounts?

Name of Bank/Financial Institution	Titled	Beneficiary? If so, whom?	Approx. Balance
Total Value			

4. Do you have any interest bearing accounts (savings, money market) and/or CD's?

Name of Bank/Financial Institution	Titled	Beneficiary? If so, whom?	Approx. Balance
Total Value			

5. Do you own any stocks, bonds, or mutual funds (including company stock)?

Type of Security	Titled	Beneficiary? If so, whom?	Approx. Balance
Total Value			

6. Do you have any profit sharing, IRAs, pension plans, or Survivor Benefit Plan?

Name of Bank/Financial Institution	Titled	Beneficiary ? If so, whom?	Approx. Balance
Total Value			

7. Do you have any life insurance policies and/or annuities?

Name of Company	Insured	Policy Owner	Primary Beneficiary	Contingent Beneficiary	Death Benefit
SGLI					
Total Value					



8. What is the approximate total value of all your remaining personal property--whatever you own that has not been included above?  
(clothes, furniture, etc.) Just estimate \$ \_\_\_\_\_

9. Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description	Amount Owned
Total Debt	

10. Total value of everything you and your spouse own (add totals of line 1 thru line 8 above) \$ \_\_\_\_\_

11. Total amount you and your spouse owe (total of line 9 above) \$ \_\_\_\_\_

12. Subtract line 11 from line 10. **TOTAL NET ESTATE VALUE** \$ \_\_\_\_\_